

☒ Initial Application
☐ Amended Application
Date: 1/31/20



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION



COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): Nancy Smith for City Council
(first or last name & office)

Candidate Information:

Candidate's Name (required): Nancy Smith

Candidate's mailing address (required): 20157 N. Herbert Ave., Maricopa, AZ 85138

Candidate's email address (required): nrf59@yahoo.com

Candidate's phone number (required): 4802134805

Candidate's website (if any): NancySmithForCityCouncil

Office Sought (choose one): ☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer
☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissioner

☐ State Senate ☐ State House of Representatives ☐ District (required): _____

☐ County Office: _____ ☐ District (if applicable): _____

☒ City/Town Office: Maricopa ☐ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

Party Affiliation: ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____
(required for partisan offices)

☐ **Political Action Committee (PAC)**

Committee Name (required): _____
(if sponsored, must include sponsor's name)

Political Function (optional): ☐ Contributions ☐ Candidate-Related Independent Expenditures
(select any that apply) ☐ Ballot Measure Expenditures ☐ Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): _____
(if applicable) Sponsor's mailing address (required): _____
Sponsor's email address (required): _____
Sponsor's phone number (if any): _____
Sponsor's website (if any): _____

Special Status (if applicable) ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
☐ Standing Committee (must also complete separate standing committee registration)
☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

☐ **Political Party**

Committee Name (required): _____
(must include party affiliation)

Jurisdiction: ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable) ☐ Standing Committee (must also complete separate standing committee registration)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 20157 N. Herber Ave., Maricopa, AZ 85138
Committee's email address (required): nrf59@yahoo.com
Committee's phone number (if any): 4802134805
Committee's website (if any): NancySmithForCityCouncil

Chairperson's Information: Chairperson's name (required): Nancy Smith
Chairperson's physical address (required): 20157 N. Herber Ave., Maricopa, AZ 85138
Chairperson's mailing address (if different): 20157 N. Herber Ave., Maricopa, AZ 85138
Chairperson's email address (required): nrf59@yahoo.com
Chairperson's phone number (required): 4802134805
Chairperson's employer (required): NA
Chairperson's occupation (required): NA

Treasurer's Information: Treasurer's name (required): Valerie Curran
Treasurer's physical address (required): 22280 N. Reis Dr., Maricopa, AZ 85138
Treasurer's mailing address (if different): 22280 N. Reis Dr., Maricopa, AZ 85138
Treasurer's email address (required): vacurran@hotmail.com
Treasurer's phone number (required): 520-868-6455 371-1154
Treasurer's employer (required): NA
Treasurer's occupation (required): NA

Bank or Financial Institution: Bank name (required): Wells Fargo
(do not list acct numbers) Additional bank name (if applicable): _____
Additional bank name (if applicable): _____

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: Nancy Smith Date: 01/31/2020

Treasurer's signature: Valerie A. Curran Date: 01/31/2020

Candidate's signature (if applicable): _____ Date: _____